DATE : August 31, 2001

LETTER TO: All Managed Care Organizations (MCOs)

SUBJECT: Access to Utilization Data in the Common Working File (CWF) for

MCOs -INFORMATION

This letter notifies MCOs that, effective October 1, 2001, certain utilization data related to their members will be available for viewing in the CWF. Currently, MCOs access Medicare entitlement, working aged, end stage renal disease and hospice data in the CWF via the Healthcare Inquiry for HMOs (HIHO) option. This option is being expanded to include benefit limit information for MCO members.

Some Medicare benefits are subject to limits; e.g., 60 inpatient hospital days per spell of illness, 190 inpatient psychiatric days lifetime, etc. (Refer to the Explanation of Beneficiary Utilization Data section in this letter for benefit limits.) Utilization of such services is tracked and maintained in CWF based on Part A and Part B claims data. Expanding MCO access to CWF data will allow you to apply such limits where necessary.

CWF Userid and Password

MCO users that have already obtained a CWF userid and password to access the HIHO option will also be able to access the beneficiary utilization data.

MCO users that do not have a CWF userid and password must obtain them from the host site that services the area in which they are located. Contact Gloria Webster (410-786-7655) to obtain information on your assigned host site.

Accessing Utilization Data

MCOs will log onto the CWF and select the beneficiary utilization option from the HIHO screen, as specified below. MCOs will only be able to view this data if the beneficiary is a current member.

- MCOs will access CWF through the HCFA Data Center (HDC)
- At the HDC screen, press Enter to obtain the HDC Application Menu

- Near the bottom of the Application Menu at the select application option, type in CWFHMO and press Enter
- At the prompt on the bottom left side of the screen, type in the number for the host site that you were assigned and press Enter. NOTE: This screen will vary depending on the host site that you select.
- Type in your ID, your password and then press Enter. A message will be displayed
 "YOUR SIGNON HAS BEEN COMPLETED ---- PLEASE PROCEED. In the
 upper right corner of the same screen Type HIHO and press Enter. The HIHO
 Main Menu screen will be displayed.
 - At the HIHO Main Menu, type in BENM as the Inquiry Type. (See enclosed HIHO menu screen.)
 - Input for a <u>current member</u>, the HIC#, Host ID, Sex and the MCO Plan #. NOTE: Failure to include the MCO Plan # will cause the request to be rejected.

The Beneficiary Utilization Screen will be displayed. (See enclosed screen.)

Explanation of Beneficiary Utilization Data

In the **header portion** of the screen, beneficiary identification information is displayed.

- HIC: health insurance claim number
- DOB: date of birth
- SEX: gender
- CORR: corrected health insurance claim number
- NAME: name of the beneficiary
- DOD: date of death (if appropriate)

The **second grouping** of data includes entitlement information.

- CURRENT A ENT: day, month, and year the current period of Medicare Part A entitlement began
- A TERM: day, month, and year the current period of Medicare Part A ended (if appropriate)
- SURNAME: last name
- FI: first initial

- CURRENT B ENT: day, month, and year the current period of Medicare Part B entitlement began
- B TERM: day, month, and year the current period of Medicare Part B ended (if appropriate)

The **third grouping** of data includes utilization information for the five most recent spells of illness.

NOTE: A **spell of illness** is a time period defined for the application of deductibles and coinsurance to obtain benefits. Under Part A, a spell begins with an inpatient hospital admission and ends 60 days after a discharge when no other admissions occur. During a spell of illness, 60 full hospital days and 30 coinsurance hospital days are available.

Example

A beneficiary is discharged from the hospital on April 30, 2001. If no other inpatient services are provided, the spell will end on July 1, 2001. If the beneficiary is admitted prior to July 1, 2001, the spell would be extended 60 days beyond that later discharge.

- 01 05: the number of the spell of illness; 01 being the most recent.
- FULL DAYS: 60 inpatient hospital days are available for each spell upon payment of the inpatient deductible; coinsurance is not applicable. Screen shows days remaining.
- CODAYS: 30 inpatient hospital days are available for each spell; coinsurance is payable. Coinsurance days are used after the Full days are exhausted in each spell of illness. Screen shows days remaining.
- FULL SNF DAYS: 20 inpatient skilled nursing facility days are available for each spell upon payment of the inpatient deductible; coinsurance is not applicable. Screen shows days remaining.
- CO SNF DAYS: 80 inpatient skilled nursing facility days are available for each spell; coinsurance is payable. Coinsurance SNF days are used after the full SNF days are exhausted in each spell of illness. Screen shows days remaining.
- BLD DED: 3 pints of blood is the deductible for each spell. Screen shows pints remaining.

- EARLIEST BILLING: the earliest date of service on the first bill received during the spell of illness.
- LATEST BILLING: the latest date of service on the latest or last bill received during the spell of illness.
- HOME HEALTH VISITS: A REM: 100 Home Heath visits are available for each spell. Screen shows the number of visits remaining payable under Part A
- HOME HEALTH VISITS: B APP: There is no limit to the number of Home Health visits payable under Part B. The Part B visits are used after the Part A visits have been exhausted for each spell. Screen shows the number of visits applied that are payable under Part B.

The **fourth grouping** of data includes lifetime benefit information.

- LRSV: 60 inpatient hospital days are available lifetime; coinsurance is payable. Screen shows days remaining.
- LPSY: 190 inpatient psychiatric days are available lifetime; coinsurance is payable. Screen shows days remaining.

Exiting Beneficiary Utilization Data

To exit beneficiary utilization data and logoff of the CWF, press F12 from any screen. A screen will be displayed with a message END OF HIHO INQUIRY. When that message appears, type CESF LOGOFF and press Enter.

If the logout procedures are not followed properly, the MCO will be locked out of CWF until the Host site is shut down

NOTE: The CWF logoff command may vary depending on which host site you are accessing. When you contact the Host site to get your ID and password, you should get their specific logout commands and hours of operations.

Contacts

Contact Kim Miegel on 410-786-3311 or Jim Dorsey on 410-786-1143 for questions related to the information contained in this letter. Contact Gloria Webster for the CWF Host site assigned to your MCO's area.

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A Powerpoint tutorial that covers the information presented in this letter will be available in mid-September at <u>WWW.HCFA.GOV/MEDICARE/SYSTINFO.HTM</u>.

Sincerely,

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Gary A. Bailey Director Health Plan Benefits Group, CBC

Enclosures

MENU HIHO MAIN MENU

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INQUIRY TYPE XXXX HIC XXXXXXXXXXX HOST ID XX SEX

X

MCO PLAN NUMBER HXXXX

ELIGIBILITY INQUIRIES:

BENB BENE ELIGIBILITY DATA MSPA MSP SUMMARY DISPLAY MSPD MSP DETAIL DISPLAY HOSS HOSPICE SUMMARY DISPLAY

UTILIZATION INQUIRIES:
BENM BENE UTILIZATION DATA FOR MCOs

HOST IDS: GL, GW, KS, MA, NE, PA, SE, SO, SW

F2=MENU F3=RETURN F5=BENB F12=EXIT MM/DD/YY

BENM BENEFICIARY UTILIZATION DATA

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HIC XXXXXXXXXXX LOCAL HOST DOB MM/DD/YYYY

SEX X

CORR XXXXXXXXXXX NAME XXXXXXXXXXXXX DOD

MM/DD/YYYY

INDS: MSP X HOSP X

CURRENT A ENT MM/DD/YY A TRM MM/DD/YY SURNAME XXXXXX FI X CURRENT B ENT MM/DD/YY B TRM MM/DD/YY

INPATIENT SPELL DATA

FULL CO FULL SNF CO SNF BLD EARLIEST LATEST HOME DAYS DAYS DAYS DAYS DED BILLING BILLING HEALTH

01 00 00 00 00 0.0 MM/DD/YY MM/DD/YY VISITS

02 00 00 00 00 0.0 MM/DD/YY MM/DD/YY

03 00 00 00 00 0.0 MM/DD/YY MM/DD/YY A REM 00000

04 00 00 00 00 0.0 MM/DD/YY MM/DD/YY B APP 00000

05 00 00 00 00 0.0 MM/DD/YY MM/DD/YY

LRSV 000 LPSY 000

F2=MENU F3=RETURN F5=BENB F12=EXIT MM/DD/YY